2005 OF PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K42171

t. Entity Name
AUTO CLUB SOUTH FINANCIAL SERVICES, INC.

FILED Jan 18, 2005 08:00 AM Secretary of State

Principal Place of Business

1515 N. WESTSHORE BOULEVARD TAMPA, FL 33607

Mailing Address

1515 N. WESTSHORE BOULEVARD TAMPA, FL 33607



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P

CR2E034 (10/03)

4. FE! Number 59-2955503

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, THOMAS E 1515 N. WESTSHORE BLVD. TAMPA, FL 33607

SIGNATURE:

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Date

Daytime Phone #

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept											
the obligations of registered agent.											
SIGNATURE											
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registere	d Agent signature required when reinstating)	DATE							
	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 									
10.	OFFICERS AND DIREC	TORS	* *								
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NAME	SHARP, ROBERT_R.										
STREET ADDRESS	18710 PEPPER PIKE LANE										
CITY-ST-ZIP	LUTZ, FL 33549										
TITLE	P			01/13/05-80075-009 150,00							
NAME	O'BRIEN, THOMAS E.	2									
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CITY-ST-ZIP	ST PETERSBURG, FL 33702										
TITLE	<u>V</u>		ksiki alaatain t	THIS SPACE							
NAME	TOMLIN, JOHN A.		an air - California (an California) - An								
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CITY-ST-ZIP	PALM HARBOR, FL 34684		San								
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CITY-ST-ZIP											
	partify that the information cumulad with this 50	no door not availed for the avail	motion extend in Continue 110 07/0V	h Florida Statutas I further partiful that the information							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like reproduced.											

SIGNING OFFICER OR DIRECTOR